2020 Annual Conference

May 20-21, 2020

Exhibitor/Sponsorship Prospectus

Grand Traverse Resort
Acme, Michigan
Why should you attend?
Over 300 home care agency decision-makers are expected to attend. The Michigan HomeCare & Hospice Association’s Annual Conference attracts a wide variety of home health, hospice, palliative care, private duty, HME/Infusion administrators, financial officers, billers, owners and clinicians from private, public and not-for-profit home care environments.

Benefits
Excellent networking opportunities through:
◆ Non-conflicting exhibition hours;
◆ Conference Grand Opening Reception;
◆ Exhibitor/participant game (to get attendees to booth)
◆ Exhibitors joining attendees for lunch on Wednesday & Thursday;
◆ Booth staff from member exhibiting companies have access to educational programming;
◆ Recognition in the conference program book;
◆ Mailing list of attendees 2 weeks prior; and,
◆ Exhibitor Raffle - donate items to be raffled at Thursday Awards Luncheon .
◆ Participation in the Board welcoming reception Tuesday Evening

Eligibility
Products or services displayed must be related to the home care and hospice industry. All requests to exhibit will be considered. Booths are assigned on a first-come, first-served basis. Full payment and a signed contract must accompany each request to exhibit.

Exhibitor Information
Included in registration:
◆ 8’ X 10’ draped, carpeted booth;
◆ 2’ X 6’ skirted table, 2 chairs, wastebasket;
◆ Company identification sign at booth;
◆ Tickets for Wednesday & Thursday’s Luncheon;
◆ Two representatives per booth. Additional representatives can attend at $130.00 each;
◆ Entrance to educational program for member exhibitors (booth staff only); and,
◆ A copy of the 2019 Annual Conference attendee list upon request.

Booth Pricing
Early Bird Rate (postmarked on or before 2/14/20)
$575.00 member (8 X 10) $950 nonmember (8 X10)

Standard Rate (postmarked after 2/14/20)
$675.00 member (8 X 10) $1150.00 nonmember (8 X 10)

Please call for information on multi-booth discounts

Payment and Cancellation Policy
Payment must accompany each application. Space will not be held until payment is received. Checks should be made payable to “MHHA.” Notification of withdrawal must be made in writing and received on or before Friday, March 6, 2020, for a refund of 50% of exhibit fees. No refunds will be made after March 6, 2020.

Subletting/ Sharing of Space
The subletting or sharing of space is not permitted unless it is between divisions of the same company. Written requests for such arrangement must be approved by the Michigan HomeCare & Hospice Association.

Overnight Room Reservations:
Book your hotel or tower guest room reservation on-line today at https://www.grandtraverseresort.com/promocode?promocode=MHHA2020 OR click on the BOOK HERE and enter group code of MHHA2020 OR call the resort directly at 1/800-968-7352 and mention Michigan HomeCare & Hospice Association.
Limitation of Liability
The Exhibit Hall will be secured by the Grand Traverse Resort & Spa when it is not open, but such service is not a guarantee against loss, damage, or injury of any kind. The exhibiting organization will be responsible for insuring its own property to its full value. Storage of exhibit materials will not be permitted behind booth draping. Michigan HomeCare & Hospice Association (MHHA), its service contractors, the management of the Grand Traverse Resort & Spa or any of the officers, staff members or directors of any of the aforesaid parties will not be responsible for any loss, damage, or injury whatsoever or however arising, which may occur to an exhibitor, his representative, or to his or their property or wares, arising from any cause whatsoever prior, during, or subsequent to the period of this exhibit. Each exhibitor, by signing an application to exhibit, expressly understands the Michigan HomeCare & Hospice Association and the Grand Traverse Resort and Spa are released from any and all claims for any such loss, damage, or injury. In the event of the failure or inability to fulfill this contract due to war, governmental action or order, act of God, fire, strikes, labor disputes, or any other causes beyond the control of MHHA the agreement shall be immediately terminated, and in such event the exhibitor shall and does hereby waive any claim to damages or any other recovery.

Booth Staffing
All representatives of exhibiting organizations must check in at the exhibit hall registration desk before setting up their exhibits. Exhibit booths must be staffed during all exhibit hours by authorized employees of the exhibiting company who are able to explain or demonstrate the products or services on display. Each representative of an exhibiting company must wear an official conference name badge at all times while in the exhibit area. Orders may be taken, but direct selling is prohibited. Exhibitors may not tear down or move materials during open exhibit hours. Exhibits must be removed by 3:30 p.m. on Thursday, May 21, 2020. It is expected that violators of this contract will respond to request for correction. Dismissal from the exhibit hall may result from violation of this contract as determined solely by MHHA or by the rules and regulations of the Grand Traverse Resort & Spa. In the event of such eviction, MHHA is not liable for any refunds of exhibition expenses.

Safety Regulations
Exhibits must be completely contained within the booth, items extending into the aisle will be moved or removed by the show management. Exhibits must abide by all laws, ordinances, and regulations pertaining to health, fire prevention, and public safety affecting participation in the exhibit hall.

Contract
These official rules and regulations together with the Exhibit Application and Contract and the confirmation of assignment constitute the entire agreement for the right to use the space allotted. No verbal understanding will be recognized by MHHA.

Raffle
The Michigan HomeCare & Hospice Association will sponsor a raffle during the lunch on the afternoon of Thursday, May 21st. Vendors are encouraged to provide items for the raffle. Raffles must be open to everyone attending the 2020 Conference. Exhibit representatives should bring their raffle prize to the MHHA registration desk before 12:15 p.m. on Thursday, May 21, 2020. Please see your exhibitor kit and onsite registration packet for additional information. Completed game cards will be used for ALL raffle drawings.

Music
The use of live or recorded music is not permitted in the exhibit hall.

Additional Exposure:
Receive added exposure for non-member vendors by purchasing a link on the MHHA webpage for an additional fee of $150.00. MHHA will provide a direct link to your organization’s webpage. MHHA Members receive this link complimentary!
At Your Service...
**Michigan HomeCare & Hospice Association:**
Cindy Thelen, Director of Membership Services
2140 University Park Drive, Suite 220,
Okemos, MI  48864
Phone:  517/349-8089  ext. 16  Fax:  517/349-8090
E-mail:  cindyt@mhha.org

**Grand Traverse Resort & Spa:**
Becky Savage, Conference Services Manager
Grand Traverse Resort & Spa
100 Grand Traverse Blvd.
Acme, MI  49610-0404
Phone:  231/534-6000    Fax:  231/543-6152

**Art Craft Display Company:**
Jeff Hook, Account Representative
3140 Three Mile Road, NW
Grand Rapids, MI  48544
Phone:  616/791-8024
Fax:  616/791-8154

**Payments:**
All payments for Exhibitor/Sponsorship Opportunities should be made payable to:
Michigan HomeCare & Hospice Association (MHHA)
2140 University Park Drive, Suite 220
Okemos, MI  48864

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**Exhibit Hall Hours**

**Wednesday, May 20, 2020**
- Registration: 7:00 a.m.
- Booth Installation: 10:00 a.m.—3:30 p.m.
- Opening Reception: 4:30 p.m. – 7:00 p.m.

**Thursday, May 21, 2020**
- Continental Breakfast: 7:15 a.m. – 8:00 a.m.
- Exhibit Hall Break: 9:30 a.m. – 10:15 a.m.
- Exhibit Marketplace: 11:45 a.m. – 12:30 p.m.
- Luncheon/Raffle: 12:30 p.m. – 2:00 p.m.
- Booth Dismantle: 12:30 p.m. – 3:30 p.m.
2020 Exhibitor Application & Contract

Please complete this form and return with payment to MHHA, 2140 University Park Drive, Suite 220, Okemos, MI 48864. Application with credit card payment may be faxed to 517/349-8090 or by going to www.mhha.org to register and make payment on-line.

Company Name (As you would like it to appear on booth)  

Company Address:  

City: ___________________________ State: _______________ Zip: ___________________________  

Contact Person: ___________________________ E-mail: ___________________________  

Phone: ___________________________ Fax: ___________________________  

2 Representatives Staffing Booth: ___________________________  

Additional Representatives ($130 each): ___________________________  

List companies you do not wish to be placed near (MHHA does not guarantee this accommodation): ___________________________  

Products/Services to be exhibited: ___________________________  

Booth Preference: 1st _______________ 2nd _______________ 3rd _______________ 4th _______________  

TOTAL:  

Booth(s) $ ___________________________  

Additional Reps. $ ___________________________  

Web Link $ ___________________________  

Electrical/Phone $ ___________________________  

Amount Enclosed $ ___________________________  

PAYMENT METHOD (check one):  

☐ Check enclosed OR, charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express  

Credit Card No: ___________________________ Exp. Date: ___________________________  

Printed Name on the Card: ___________________________ Authorized Signature on Card: ___________________________  

Billing Address: ___________________________  

All Contracts require a signature. Please read rules and regulations before signing. I have thoroughly read this prospectus, and agree to comply with all rules and regulations contained within this document.  

Signature: ___________________________ Date: ___________________________
## Benefits

### Up to $1,500
- Recognition in the conference program book;
- Company signage at program or event;
- Sponsor recognition on name badge;
- Sponsorship sign at company booth; and
- Opportunity to welcome attendees to the sponsored event.

### $1,501 - $3,000
- Recognition in the conference program book;
- Company signage at program or event;
- Sponsor recognition on name badge;
- Sponsorship sign at company booth;
- Opportunity to welcome attendees to sponsored event; and,
- One complimentary participant registration.

### $3,001 - $4999
- Recognition in the conference program book;
- Company signage at program or event;
- Sponsor recognition on name badge;
- Sponsorship sign at company booth;
- Opportunity to welcome attendees to the sponsored event;
- One complimentary ½ page ad in the program book;
- One complimentary exhibit space;
- Complimentary weblink on the MHHA Webpage;
- Complimentary Ad on the MHHA Website Home Page.

### $5000 +
- Recognition in the conference program book;
- Company signage at program or event;
- Sponsor recognition on name badge;
- Sponsorship sign at company booth;
- Opportunity to welcome attendees to the sponsored event;
- One complimentary full page ad on the back of program book;
- One complimentary exhibit space;
- Complimentary weblink on the MHHA Webpage,
- Complimentary Ad on the MHHA Website Home Page; and,
- Special recognition on conference promotional materials

## Available Sponsorship

<table>
<thead>
<tr>
<th>Sponsorship Opportunity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards Luncheon (Thursday)</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>Tuesday Pre-Conference Reception</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Refreshment Breaks (5-6 available)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Conference Program Book (includes ad)</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>Conference Tote Bag (includes Logo)</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>Conference Pens (includes logo)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>General Support</td>
<td>$500.00</td>
</tr>
<tr>
<td>Mobile Banner App Ad (3 available)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Wednesday Lunch</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Tote Bag Insert</td>
<td>$500.00</td>
</tr>
<tr>
<td>Michigan Home Care Full Page Ad in Program Book</td>
<td>$250.00</td>
</tr>
<tr>
<td>Non-Member Full Page sponsorship in Program Book</td>
<td>$500.00</td>
</tr>
<tr>
<td>Michigan Home Care 1/2 Page Ad in Program Book</td>
<td>$200.00</td>
</tr>
<tr>
<td>Non-Member 1/2 Page sponsorship in Program Book</td>
<td>$400.00</td>
</tr>
<tr>
<td>Create Own Sponsorship</td>
<td>? - Call the MHHA office</td>
</tr>
<tr>
<td>Grand Opening Reception (Wednesday)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Continental Breakfast (3 available)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Hotel Key Cards</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>Breakout Session Speaker</td>
<td>$800.00</td>
</tr>
<tr>
<td>Neck Wallets Badge Holders (includes logo)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Conference Pencils (includes logo)</td>
<td>$500.00</td>
</tr>
<tr>
<td>General Session Speaker</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Mobile App Text Ad</td>
<td>$500.00</td>
</tr>
<tr>
<td>Weblink on Conference website</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Contact Cindy Thelen (cindyt@mhha.org) 517/349-8089, ext. 16 to discuss available sponsorship opportunities.

Please complete the following information and return by Friday, March 13, 2020 with chosen method of payment to:

Michigan HomeCare & Hospice Association
ATTN: Cindy Thelen
2140 University Park Drive, Suite 220
Okemos, Michigan 48864
Name: ____________________________________________________________

Organization: ____________________________________________________________

Address: ________________________________________________________________

City: ___________________________ State: ______________________ Zip: ____________

Phone: ___________________________ Fax: ________________________________

E-mail: ________________________________________________________________

Sponsorship of: __________________________________________________________

Sponsorship in Program Book:
   □ Member □ Non-Member
   □ Full Page   □ ½ Page   □ WebLink

Amount Enclosed: ________________________________

Method of Payment:
   □ Check Enclosed   □ Visa   □ MasterCard   □ Discover   □ American Express

Card Number:______________________________ Exp. Date: ________________________________

Authorized Signature:__________________________________________

Thank you for your support!
Any program book sponsorship artwork can be e-mailed to cindyt@mhha.org by
March 13, 2020

Please complete this page and mail or fax along with payment, by March 13, 2020 to:
Michigan HomeCare & Hospice Association
   ATTN: Cindy Thelen
   2140 University Park Drive, Suite 220, Okemos, Michigan 48864
   Fax: 517/349-8090
For specialized power requirements, please contact Dan Platt a MINIMUM of two weeks prior to your function.
(231) 534-6256 dplatt@gtresort.com

Please Note: Wall, post, and floor outlets are not part of the booth space. A separate outlet should be ordered for each piece of equipment to be connected. Voltage, amperage, wattage, and phase must be specified for all equipment to be connected. All exhibitor cords must be THREE-WIRE grounded types. The Electrical Code requires that all exposed non-current carrying parts of fixed equipment, which are liable to become energized, shall be grounded. To ensure proper electrical service, this form is required to be completely filled out and signed. Grand Traverse Resort and Spa needs to receive this form 14 days prior to the exhibit opening. All orders placed within 48 hours of the event WILL BE CHARGED DOUBLE the printed fees to cover labor and product. All power/electrical charges are billed on a per day basis, NOT a one time charge.

<table>
<thead>
<tr>
<th>Electrical</th>
<th>Indoor</th>
<th>Outdoor</th>
<th># of days needed</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quad - 4 outlet box on one 120 volt circuit with 20 amps maximum output</td>
<td>$40.00/ day</td>
<td>$80.00/ day</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Spider - 6 individual 120 volt, 15 amps/circuit outlets</td>
<td>$225.00/day</td>
<td>$300.00/day</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>1 Phase (208/220 volts) <strong>$100.00 minimum charge</strong></td>
<td>$2.00/amp</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3 Phase (208/220 volts) <strong>$300.00 minimum charge</strong></td>
<td>$3.00/amp</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Banner hanging and removal - depending on size and location, a moving fee may also be applicable</td>
<td>$30.00/day</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telecommunications</th>
<th>Price/day</th>
<th># of days needed</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID - Direct Inward Dial Phone Line (dial up). Phone included.</td>
<td>$50.00/day + calls @ market rate</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Speaker Phone - Includes cost of Direct Dial Phone line</td>
<td>$80.00/day + calls @ market rate</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>High Speed Internet access - wired or wireless</td>
<td>$100.00/day per exhibit</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Fax Completed form to: 517/349-8090 or mail with payment to Michigan HomeCare & Hospice Association, 2140 University Park Drive, Suite 220, Okemos, MI 48864
Shipments may be subject to a $1.00/box or $20.00/pallet handling charge. Grand Traverse Resort and Spa will not accept shipments of exhibit materials when a display company is handling a show (i.e. ArtCraft). Please ship to display company directly. Grand Traverse Resort and Spa will not accept shipments more than one week prior to the conference. Information from Art Craft will be sent by e-mail in your exhibit confirmation.

<table>
<thead>
<tr>
<th>Contact name:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Credit Card number:</td>
<td>Expiration date:</td>
</tr>
<tr>
<td>Authorized Signature:</td>
<td></td>
</tr>
</tbody>
</table>

**SHIPPING AND RECEIVING**

<table>
<thead>
<tr>
<th>US Postal Mail address</th>
<th>FED EX/UPS address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Traverse Resort and Spa</td>
<td>Grand Traverse Resort and Spa</td>
</tr>
<tr>
<td>100 Grand Traverse Village Boulevard</td>
<td>6300 US Highway 31 North</td>
</tr>
<tr>
<td>P.O. Box 404</td>
<td>Williamsburg, Michigan, 49690</td>
</tr>
<tr>
<td>Acme, Michigan, 49610-0404</td>
<td>Attention: Guest Name</td>
</tr>
<tr>
<td>Attention: Guest Name</td>
<td>Hold for: Conference Name</td>
</tr>
<tr>
<td>Hold for: Conference Name</td>
<td>Date of Event:</td>
</tr>
<tr>
<td>Date of Event:</td>
<td>Number of Boxes (1 of 2, 2 of 2, etc)</td>
</tr>
<tr>
<td>Number of Boxes (1 of 2, 2 of 2, etc)</td>
<td></td>
</tr>
</tbody>
</table>

**RETURN SHIPPING**

Chose one of the following options

- Attach properly completed shipping labels (Fed Ex, UPS, etc) to packages. Each package MUST be labeled. Have packages taken to the GTRS Shipping and Receiving Office.
- Fill out Shipping Information Form - this may be obtained from the Bellstand, Concierge, or the Conference Registration Desk. Each Package MUST be labeled. Have packages taken to the GTRS Shipping and Receiving Office.

**Shipping and Receiving Hours:**

- Monday - Friday 8:00 am - 5:00 pm
- Banquets - extension 6100
- Bellstand - extension 6420
- Security - extension 2300

**After hours contacts:**

- Banquets - extension 6100
- Bellstand - extension 6420
- Security - extension 2300
2020 Michigan Homecare & Hospice Association  
May 19th – 22nd 2020

*Please join us at The Grand Traverse Resort and Spa. We have secured discounted room rates listed below.*

- Book your Hotel or Tower guest room Reservation on-line today! Go to the Grand Traverse Resort’s web site [www.grandtraverseresort.com](http://www.grandtraverseresort.com)  
  Click on the BOOK HERE and enter group code “MHHA2020”

- Call the Grand Traverse Resort directly at 1-800-968-7352  
  and mention MI Homecare & Hospice Association

### 2019 Room rates

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Rate</th>
<th>Room Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel Guest room</td>
<td>$139.00</td>
<td>Tower Guest Room</td>
<td>$169.00</td>
</tr>
<tr>
<td>1 bedroom condo</td>
<td>$169.00</td>
<td>2 bedroom condo</td>
<td>$199.00</td>
</tr>
<tr>
<td>3 bedroom condo</td>
<td>$259.00</td>
<td>Studio condo</td>
<td>$139.00</td>
</tr>
</tbody>
</table>

Rates above do not include 6% state tax, 5% city assessment, or $16.95 nightly resort fee

**Important Information**

- Cancellations or changes must be made at least 72 hours prior to arrival to avoid a penalty equal to one night’s room charge.
- Grand Traverse Resort & Spa is a non-smoking resort in compliance with Michigan Law. Designated outdoor smoking areas have been established. If smoke is detected in a guest room, or if evidence is found that smoking has occurred on a patio or balcony a $250 penalty will apply.
- Rates above are based on single or double occupancy. Additional adults will be charged $15 per person per night for hotel and tower only.
- Grand Traverse Resort & Spa gladly accepts requests for specific room locations and bedding type preferences. We will make every effort to provide accommodations as requested, however, cannot always guarantee that every request will be met on the date of arrival.
**TOWER:**
Introducing the newly renovated Tower Room Experience. Check into the new high style and relaxed luxury of Traverse City’s soaring architectural icon. Surrounded in all directions by lush forests, rolling greens, vineyards, orchards and the sparkling, sugar-sand shores of Lake Michigan, your stay will be treated to breathtaking sweeping vistas, sophisticated luxuries and front-row access to epic outdoor escapades.

**HOTEL:**
Retreat to one of our 240 guest rooms in the attached six-story Hotel, conveniently located within steps of the Resort’s restaurants, spa, health club and indoor water playground. Affordable comfort. 2 Double beds or 1 King with sofa

**CONDOMINIUMS:**
Located separate from main facility, our Traverse City condos nestled along the Resort’s scenic fairways offer studio, one, two or three bedrooms and convenient condominium features, plus access to the private beach club that’s moments away via Resort shuttle. Condos include a furnished dining area, kitchenette, living room with queen-size sofa sleeper, Wi-Fi, flat screen TV with HD cable service, coffee maker, air conditioning, patio or balcony, and more. **PLEASE NOTE THAT CONDOMINIUMS AT GRAND TRAVERSE RESORT AND SPA ARE PRIVATELY OWNED. INTERIOR DECOR MAY VARY BY UNIT.**

### The Lay of the Land
- 900 acres of Northern Michigan landscape
- 86,500 square feet of versatile meeting space
- 7,000-square-foot Spa Grand Traverse
- Nearly 600 guest rooms and condominiums
- Five restaurants and lounges, including Aerie Restaurant & Lounge on the 16th floor
- Gallery of Shops
- Three championship golf courses including Jack Nicklaus-designed The Bear, The Wolverine by Gary Player, and Spruce Run by William Newcomb
- Private Beach Club on Lake Michigan’s Grand Traverse Bay
- Four indoor/outdoor pools and several indoor/outdoor hot tubs
- Indoor Water Playground
- 100,000-square-foot Health Club with five indoor tennis courts
- Nearby Turtle Creek Casino & Hotel
- Easy to reach
To be eligible to join in the Associate Member category, your organization must qualify according to the MHHA by-laws definition:

**Associate Membership:** Businesses that provide goods or services to home care industry providers but do not provide goods and services directly to the end users are eligible as Associate members. Associate members may also be local, regional and national associations that have an interest in home care delivery in the state of Michigan, but do not directly provide that care. Holding companies and organizations formed to provide group contracting and/or services for a coalition of home care industry service providers are ineligible for membership. The Board of Directors shall determine whether any applicant shall be denied membership on the basis of this provision. Each associate membership shall have one vote in association elections.

**Please note:** Organizations that sell home care products or services to patients (end users) are ineligible as Associate members, but may qualify as Service Line Members.

Your Associate membership fee entitles your organization to select **ONE** service line membership reflecting your interests. Employees of your organization are permitted to participate only on the committees associated with the selected service line, and your organization will receive monthly mailings pertaining to **only** the selected service line. If your organization has an interest in other service lines, you may select additional service line memberships by paying an additional $500 per selection. All MHHA members are welcome to participate on the Public Policy Committee and may attend any workshop offered, regardless of the service line selected.

**Associate Membership Benefits:** As an Associate Member of Michigan HomeCare & Hospice Association, you will receive:

- Discounts on registrations at all MHHA workshops and conferences;
- Monthly *Bulletin Board Newsletter*;
- Opportunities to join & participate in MHHA Committees within selected service line;
- Membership on the Public Policy Committee;
- Home Care Advocacy representation at the state and national levels
- Discounts on publications and videos;
- Recognition as a supporter of MHHA; and much more!

Membership in the Association increases your networking opportunities through contact with other MHHA members.

The MHHA membership year runs one year from date of application.
MHHA Associate Membership Application

ORGANIZATION: ____________________________________________________________

ADDRESS: _____________________________________________________________________

CITY: ___________________ STATE: ___________ ZIP CODE: _______________

TELEPHONE #: ______________________________  FAX #: ___________________________

COUNTIES SERVED: ___________________________________________________________________

CHIEF EXECUTIVE OFFICER (CEO): _________________________________________________

CEO E-MAIL: _______________________________________________________________________

CONTACT PERSON: __________________________________________________________________

CONTACT E-MAIL: _________________________________________________________________

VOTING MEMBER: ___________________________________________________________________

We are selecting the following service line(s):

☐ Certified Home Health/Hospice  ☐ Private Duty  ☐ HME/Infusion Pharmacy

Consulting/Products:

☐ Accreditation  ☐ Billing  ☐ Clinical  ☐ Financial  ☐ Management  ☐ Other:
☐ Information Technology/Information Systems  ☐ Legal  ☐ Insurance  ☐ Medical Supplies

Associate Membership ……$500.00 Annual Dues per Service Line Selected

Payment Method:

☐ Enclosed is our check payable to the Michigan HomeCare & Hospice Association

Credit Card Payment:

☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express

Credit Card No.: ___________________________  Exp. Date: _______________________

Authorized Signature on Card: ___________________________________________________

I understand that by providing my mailing address, e-mail, telephone and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Michigan HomeCare & Hospice Association solely via regular mail, e-mail, telephone and fax. I also certify that all information contained in this application is correct and valid to the best of my knowledge. I further certify that I have read the Michigan HomeCare & Hospice Association Code of Ethics and Article III Membership Insert and pledge that this organization understands and will adhere to the Code of Ethics. I further certify that I have read the bylaws definition of Associate Member, and verify that my organization qualifies as an Associate Member.

Signature: ___________________________  Date: __________________

(Return to Michigan HomeCare & Hospice Association, 2140 University Park Drive, Suite 220, Okemos MI 48864; fax 517/349-8090)
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